**WORKSHOP REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
|  | **Surname** | **Name** |
|  | **Affiliation (if relevant):** |
|  | **Full address (including ZIP code):** |
|  | **Country:** | **City:** |
|  | **E-mail:** |
|  | **Telephone:** |
|  |
| I am registering as*(Please type an* **X** *in the box to the left)* |  |
|  | Paper Author/Presenter | **Title of the paper**\*: |
|  |
|  |
|  | Participant |  |
|  |
|  |
| \***NOTE:** Each presented paper must have a one-to-one association with a valid author/presenter registration |
| **REGISTRATION FEES** **(covering workshop material, coffee breaks and social dinner of October 24):**

|  |  |
| --- | --- |
|  | **regular rate** |
|

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|  |

 | Early registration (**until September 30, 2019**) | € 350 |
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 | Late registration (**after September 30, 2019**) | € 400 |
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|  |

 | Accompanying person(**only for social dinner**) | € 50 |
|  | **TOTAL** |  |

 |

**PAYMENT METHOD: BANK TRANSFER**

**(other payment methods are NOT available)**

**Please transfer the amount corresponding to the Total Registration Fee (VAT is NOT due) to:**

|  |  |
| --- | --- |
| **Beneficiary** | **Dipartimento di Scienze e Metodi dell’Ingegneria (DISMI)****dell’Università degli Studi di Modena e Reggio Emilia** |
| **IBAN** | **IT 76 S 02008 12930 000102063892** |
| **BIC/SWIFT** | **UNCRITM1MO0** |
| **BANK** | **Unicredit S.p.A. – Branch of Modena (Central), Piazza Grande 40** |
| **Payment description (template)** | **HFR 2019 registration for *NAME SURNAME***  |

**BILLING / INVOICE DETAILS (MANDATORY):**

|  |  |
| --- | --- |
| **BILL / INVOICE HEADER** |  |
| **VAT Number****(or Fiscal Code,****if applicable,****for individuals)** |  |
| **SDI / IPA Code****(only for Italian Universities/Organizations)** |  |

**IMPORTANT NOTE: to benefit from the Early Registration Fee, also the Bank Transfer should be executed before September 30, 2019.**

**At any date of registration, please send a document demonstrating the Bank Transfer execution to** **hfr2019@unimore.it**

**Notes**:

Please specify if you or your accompanying persons have dietary requirements (gluten-free, vegetarian, etc.) or need special assistance during the workshop.

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**DATA PROTECTION STATEMENT**: by signing below, I authorize the University of Modena and Reggio Emilia to use the data contained in this form for the only purposes related of HFR 2019 management, according to the GDPR 2016/679.

**Date**: DD/MM/YYYY **Signature (mandatory):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_